

Robert B. Young  
Ridgeview Counseling Associates  
106-D Ridgeview Drive  
Cary, NC 27511

**Acknowledgement Page**

***Please read each statement and initial that you have received and understand the information given.***

\_\_\_ **Acknowledgement of Receipt of Written Statement of Clients' Rights.** I have received and reviewed a copy of Robert B. Young's Statement of Client Rights explaining my rights.

\_\_\_ **Verification of Receipt of Privacy Notice.**  
I have received and reviewed a copy of Robert B. Young's Privacy Notice explaining how my Protected Health Information (PHI) will be protected and under what conditions this information will be released.

\_\_\_ **Acknowledgement of Receipt of Consent to Treatment.**  
I declare that I am legally competent and that I have the capacity to consent to my treatment and/or to the treatment of family members of whom I am the parent or guardian

\_\_\_ **Acknowledgement of Receipt of Payment and Attendance Policies**  
I understand that I will be charged \$ 40 should I miss an appointment not cancelled 24 hours in advance. Insurance will not cover missed appointments. I am responsible for the agreed upon fee at the time of service or within one week of received service.

\_\_\_ **Termination of Services**  
I understand that after the third missed appointment, I may be contacted and notified of the termination of services.

**Client Name (print):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_